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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/945,524	
	Filing Date	09/04/2001	
	First Named Inventor	Martin Robitaille	
	Group Art Unit	3653	
	Examiner Name		
Total Number of Pages in This Submission	18	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Martin Robitaille
Signature	
Date	November 13, 2001

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/945,524	09/04/2001	Martin Robitaille	

CONFIRMATION NO. 2677

FORMALITIES LETTER



OC00000006852808

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Date Mailed: 10/05/2001

The required items noted below **SHOULD** be filed along with any items required above. The filing date of this nonprovisional application will be the date of receipt of the items required above.

- Total additional claim fee(s) for this application is \$171.
 - \$36 for 4 total claims over 20.
 - \$135 for multiple dependent claim surcharge.
- The balance due by applicant is \$ 171.

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- The Claim(s) commencing on a separate sheet (37 CFR 1.75(h)).
- The specification was submitted in multiple column format and is not suitable for electronic reproduction (see 37 CFR 1.52(a)).

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01 FC:203 36.00 OP
02 FC:204 140.00 OP

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